## BEFORE THE REDERAL COMMUNICATION COMMISSION Washington D.C. 20554

In the Matter of Request for Review by Columbus Community Hospital of the Decision of the Universal Service Administration Corporation Rural Health Care Division (USAC)

Docket No. 02 -60

# COLUMBUS COMMUNITY HOSPITAL REQUEST FOR REVIEW OF FUNDING FROM THE RURAL HEALTH CARE DIVISION UNIVERSAL SERVICE ADMINISTRATION CORPORATION

To: Marlene H. Dortch

Federal Communication Commission

Office of the Secretary 445 12th Street, SW Room TW-A325

Washington, DC 20554

Re: Universal Service Fund Appeal FY 2018

Columbus Community Hospital Funding Request Number

(FRN) 1839627

Submitted by: Michael O'Connor USF Consultants

## I. Request for USAC Reversal

On October 29th, 2019 Columbus Community Hospital ("CCH") and USF Consultants received an email from USAC denying our appeal of April 8th, 2019. We request the Federal Communication Commission review the denial of funding and reverse the USAC decision.

USAC, in their denial notification of March 29th, 2019<sup>2</sup>, specified the HCP provided the same information and/or documentation it had previously provided in response to the original information request, which as explained above was deficient. In the absence of sufficient

<sup>&</sup>lt;sup>1</sup> USAC Denial letter of September 30th 2019 Exhibit A

<sup>&</sup>lt;sup>2</sup> USAC Denial notification of March 29th, 2019 Exhibit B

documentation to support the rural rate, USAC is unable to find the HCP funding request complies with FCC rules.

#### II Overview

The service USAC was questioning were 11 analog trunks provided by Wisconsin Bell, Inc. the underlying carrier and the billing is provided by their overlord AT&T.

The services are provided at tariff rates.

02/06/2019 - In a letter to USAC, I included the tariff page and page 2 of the Customer Service Record ("CSR") to demonstrate the cost for analog trunk, 1MB.<sup>3</sup>

03/01/2019 - In an email to USAC, I reiterate the information from 02/06/2019, the rate being billed was the tariff rate as specified in Access Lines (A) Rates and Charges. I mention a tariff rate is one in which everyone receives the same service at the same price.<sup>4</sup>

03/04/2019 In a letter to USAC, In a longer dialog, I reiterate the information from the February 6th, 2019 letter and note specifically filed tariffs are available on line. This are public rates <sup>5</sup>

## III Argument

USAC claims no new information is provided for their request. That is true. It's the same tariff page over and over because the service cost is based on the tariff. It appears USAC does not understand the function of tariffs or how they work. If everyone pays the same for the exact same service, in this case a telephone line, then the average is the tariff rate.

The analog voice services were provided under an established tariff which are by definition available to all commercial customers at the prices specified. Hospital, Deli, Massage Parlor, Gas Station, you get the drift.

The prices paid by the CCH to Wisconsin Bell for local phone service were billed at the tariff rate.

USAC demanded redacted documentation from other non healthcare businesses to prove the cost charged was not more than the average rate. The average rate by law is the tariff rate.

#### IV Conclusion

<sup>3</sup> Letter of Feb 6 2019

<sup>&</sup>lt;sup>4</sup> email of Mar 1 2019

<sup>&</sup>lt;sup>5</sup> Letter of Mar 4 2019

I'm going to start with, hire older people that have a telecom background that understand the concept of what a tariff is an how it works. USAC appears to be going out of their way to be unreasonable and a bully. If there is one crystal clear unwavering fact, the average price of a tariff offering will always be the same.

The only appropriate answer to verification of a tariff price is the tariff page.

## V Request for Immediate Reversal of USAC Finding and Grant Full Funding

I am requesting the FCC to reverse the decision of USAC based upon the information provided in the above sections. I also request the FCC to grant full funding without any delay for the communication service in the amount of \$15,576 to CCH for FRN 1839627, Funding Year 2018.

In addition, I request the FCC make clear to USAC, local services provided under the tariff rate are defacto the average price for the service.

Dated this 7th Day of November, 2019

Respectfully submitted,

USF Consultants, Inc

By:

Michael O'Connor

President

Contact Information: Michael O'Connor USF Consultants PO Box 23 Gladstone, MI 49837 (906) 420-8590 Michael@usfnow.com



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## Administrator's Decision on Rural Health Care Program Appeal

#### Via Electronic Mail

October 29, 2019

Mr. Jimmy Fish Columbus Community Hospital 1515 Park Ave Columbus, WI 53925

Re: Columbus Community Hospital – Appeal of USAC's Decision for Funding Request Number 1839627

Dear Mr. Fish:

The Universal Service Administrative Company (USAC) has completed its evaluation of the April 8, 2019 letter of appeal (Appeal) submitted on behalf of Columbus Community Hospital (CCH), health care provider number 13192. On March 29, 2019, USAC denied CCH's funding request for support under the federal Rural Health Care Telecommunications Program (Telecom Program). The Appeal requests that USAC reverse its denial of funding for funding request number (FRN) 1839627 and permit CCH to receive support under the Telecom Program for funding year 2018 (FY 2018).

USAC has reviewed the Appeal and the facts related to this matter and has determined that Federal Communications Commission (FCC) rules and requirements support the denial of FRN 1839627 because CCH failed to provide sufficient information and documentation to demonstrate that the rural rate reported on CCH's funding request complies with FCC rules. Therefore, USAC denies the Appeal.

#### Background

The Telecom Program provides eligible health care providers (HCPs) with universal service support for the difference between urban and rural rates for eligible telecommunications services, subject to limitations set forth in the Commission's rules. FCC rules provide that "[t]he rural rate shall be the average of the rates actually being charged to commercial customers, other than health care providers, for identical or similar services provided by the telecommunications carrier

Exhibit A

<sup>&</sup>lt;sup>1</sup> See Letter from Michael O'Connor, USF Consultants, on behalf of Columbus Community Hospital, to Rural Health Care Division, USAC (Apr. 8, 2019) (Appeal).

<sup>&</sup>lt;sup>2</sup> See Email from Rural Health Care Division, USAC, to Columbus Community Hospital (Mar. 29, 2019) (Administrator's Denial).

<sup>&</sup>lt;sup>3</sup> See Appeal.

<sup>4</sup> See 47 C.F.R. §§ 54.602(a), 54.604(b).

## Mr. Jimmy Fish Columbus Community Hospital October 29, 2019 Page 2 of 6

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providing the service in the rural area in which the health care provider is located" (Method 1). <sup>5</sup> If the telecommunications carrier does not provide similar or identical service in the rural area where the HCP is located, "the rural rate shall be the average of the tariffed and other publicly available rates, not including any rates reduced by universal service programs, charged for the same or similar services in that rural area, over the same distance as the eligible service by other carriers" (Method 2). <sup>6</sup> If there are no such tariffed or publicly available rates or the carrier "reasonably determines that this method for calculating the rural rate is unfair," the carrier must submit its rural rates to the state commission (for intrastate rates) or the FCC (for interstate rates) for approval (Method 3). <sup>7</sup> "Similar services" are services that are functionally equivalent from the perspective of the end user with respect to bandwidth and whether the service is symmetrical or asymmetrical. <sup>8</sup>

HCPs request funding through the Telecom Program by submitting an FCC Form 466 (Funding Request and Certification Form) on which they provide the monthly urban and rural rate for the requested service to receive base rate support (i.e., the difference between the urban and rural rates), or mileage charges for funding requests for mileage-based support. HCPs that request base rate support are also required to submit supporting documentation to substantiate the urban and rural rates provided. HCPs must submit the FCC Form 466 and all supporting documentation prior to the end of the relevant funding year. 11

After reviewing the funding requests, USAC issues funding decisions in accordance with the Commission's rules. <sup>12</sup> The FCC clarified that, beginning with FY 2015, when USAC determines that an applicant lacks all supporting documentation accompanying its FCC Form 466 or the supporting documentation is inadequate, USAC shall inform the applicant promptly in writing of the omission or inadequacy and give the applicant fourteen (14) calendar days from receipt of that

<sup>5 47</sup> C.F.R. § 54.607(a).

<sup>6 47</sup> C.F.R. § 54.607(b).

<sup>&</sup>lt;sup>7</sup> 47 C.F.R. § 54.607(b), (b)(1), (b)(2).

<sup>&</sup>lt;sup>8</sup> Rural Healthcare Support Mechanism, WC Docket No. 02-60, Report and Order, Order on Reconsideration, and Further Notice of Proposed Rulemaking, 18 FCC Rcd 24546, 24263-64, paras. 33-34 (2003).

<sup>&</sup>lt;sup>9</sup> See Health Care Providers Universal Service, Funding Request and Certification Form, OMB 3060-0804 (July 2014) (FCC Form 466); Form 466 Instructions, Rural Health Care Universal Service Mechanism, OMB 3060-0804 at 1, 3-6 (July 2014) (FCC Form 466 Instructions).

<sup>&</sup>lt;sup>10</sup> See 47 C.F.R. § 54.609(a)(2).

<sup>&</sup>lt;sup>11</sup> See 47 C.F.R. § 54.675(b); FCC Form 466 at 1; USAC, Rural Health Care Telecommunications Program: Submit Funding Requests, <a href="http://www.usac.org/rhc/telecommunications/health-care-providers/step04/">http://www.usac.org/rhc/telecommunications/health-care-providers/step04/</a> (last visited Sept. 26, 2019); USAC, Rural Health Care Telecommunications Program: Supporting Documentation,

http://www.usac.org/rhc/telecommunications/health-care-providers/documentation.aspx (last visited Sept. 26, 2019). Supporting documentation includes proof of the rural and urban rate, cost of service, copy of the signed contract (if applicable), and copies of bids received. *Id.* FCC rules also require both applicants and service providers to maintain records to document compliance with programrules and orders for at least five years after the last day of service delivered in a particular funding year. See 47 C.F.R. § 54.619(a)(1), (d).

<sup>&</sup>lt;sup>12</sup> See USAC, Rural Health Care Telecommunications Program: Review, Approve, Submit, <a href="http://www.usac.org/rhc/telecommunications/health-care-providers/step05/">http://www.usac.org/rhc/telecommunications/health-care-providers/step05/</a> (last visited Sept 12, 2019).

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notice to submit the missing or relevant supporting documentation. <sup>13</sup> The FCC stated that "if applicants do not provide timely responses to USAC requests for omitted or adequate supporting documentation, USAC shall deny the associated funding requests." <sup>14</sup> USAC is not authorized to waive the FCC's rules and documentation requirements. <sup>15</sup>

## CCH's Funding Request

On May 17, 2018, CCH submitted an FCC Form 466 seeking support for 56 Kbps Central Office Terminal Lines services in the Telecom Program for FRN 1839627. <sup>16</sup> To support the rural rate reported on its FCC Form 466, CCH submitted an invoice and customer service record for 1MB Individual Message Business services it received from its selected service provider, AT&T Wisconsin Bell, Inc. (AT&T), as well as an AT&T tariff for 1MB Business Access Line services. <sup>17</sup> However, the documentation provided was not sufficient to demonstrate that the rural rate provided on the FCC Form 466 complied with FCC rules.

On January 23, 2019, USAC sent an information request to CCH, requesting that it identify the method that it used to determine the rural rate and provide an explanation as to how the rural rate was calculated. <sup>18</sup> USAC also requested that CCH provide documentation to substantiate the information provided in its response. <sup>19</sup> USAC gave CCH fourteen (14) calendar days to respond to its request (*i.e.* until February 6, 2019). <sup>20</sup> In response to USAC's information request, CCH indicated that it used Method 1 to determine its rural rate, and provided the customer service record and tariff from AT&T that it previously submitted with its FCC Form 466. <sup>21</sup> However, the documentation provided did not demonstrate compliance with the requirements for calculating the rural rate using Method 1. Therefore, on February 26, 2019, USAC sent a follow-up information request to CCH requesting that it clarify which method it used to determine its rural rate, and outlined the documentation required to demonstrate compliance with each method. <sup>22</sup> With respect to Method 1, the follow-up information request specified that CCH was required to submit clearly marked invoices, bills, or contracts with non-HCP commercial customers in the same rural area for

<sup>&</sup>lt;sup>13</sup> See In the Matter of Rural Health Care Support Mechanism, WC Docket No. 02-60, Order, 30 FCC Rcd 230, 231 at para. 3 (2015) (FCC Form 466 Deadline Order).

<sup>14</sup> Id.

<sup>&</sup>lt;sup>15</sup> See generally, 47 C.F.R. § 54.702(c) ("[USAC] may not make policy, interpret unclear provisions of the statute or rules, or interpret the intent of Congress."); 47 C.F.R. § 1.3 ("The provisions of this chapter may be suspended, revoked, amended, or waived for good cause shown, in whole or in part, at any time by the Commission, subject to the provisions of the Administrative Procedures Act and the provisions of this chapter.").

<sup>16</sup> See FY 2018 FCC Form 466 for FRN 1839627 (May 17, 2018).

<sup>&</sup>lt;sup>17</sup> See AT&T, Invoice No. 920623354602 (Feb. 7, 2018); AT&T Wisconsin Tariff for Business Services Network Access Lines, ATT TN WG-18-0013 (Feb. 1, 2018).

<sup>&</sup>lt;sup>18</sup> See Email from Rural Health Care Division, USAC, to Columbus Community Hospital (Jan. 23, 2019).

<sup>19</sup> See id.

<sup>20</sup> See id.

<sup>&</sup>lt;sup>21</sup> See Email from Michael O'Connor, USF Consultants, on behalf of Columbus Community Hospital, to Rural Health Care Division, USAC (Feb. 6, 2019); AT&T, Invoice No. 920623354602 at 3 (Feb. 7, 2018); AT&T Wisconsin Tariff for Business Services Network Access Lines, ATT TN WG-18-0013 (Feb. 1, 2018).

<sup>&</sup>lt;sup>22</sup> See Email from Rural Health Care Division, USAC, to Columbus Community Hospital (Feb. 26, 2019).

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the same or similar service as the requested service.<sup>23</sup> In response to USAC's follow-up request, CCH reiterated that it used Method 1 to determine its rural rate, but did not provide any additional documentation to demonstrate that this method was used.<sup>24</sup> On March 29, 2019, USAC denied FRN 1839627 because CCH did not provide sufficient documentation to demonstrate that the rural rate reported on the FCC Form 466 complied with FCC rules.<sup>25</sup> On April 8, 2019, CCH appealed USAC's denial of FRN 1839627.<sup>26</sup>

## CCH's Appeal

In the Appeal, CCH argues that (1) the AT&T tariff it submitted to USAC was publicly available and demonstrated that the rural rate for its funding request was calculated using Method 1; and (2) the customer service record it submitted to USAC demonstrated that the rural rate charged for the requested service was publicly available.<sup>27</sup> We address these arguments below.

Argument 1 – The tariff CCH submitted to USAC was publicly available and demonstrated that the rural rate for its funding request was calculated using Method 1.

First, CCH argues that the AT&T tariff it submitted with its FCC Form 466 and in response to USAC's information request demonstrates that it used Method 1 to determine the rural rate. To support this assertion, CCH argues that the requested service is available to all businesses at the tariff rates posted on the carrier's website. However, the tariff CCH provided did not demonstrate that the rural rate provided on the FCC Form 466 was the average of rates "actually being charged to commercial customers," as required to demonstrate compliance with Method 1. As explained in USAC's follow-up information request, acceptable documentation might include invoices, bills, or contracts with non-HCP commercial customers receiving the same or similar services in the rural area in which CCH is located. Therefore, USAC rejects this argument.

<sup>23</sup> See id.

<sup>&</sup>lt;sup>24</sup> See Email from Michael O'Connor, USF Consultants, on behalf of Columbus Community Hospital, to Rural Health Care Division, USAC (Mar. 1, 2019); Letter from Michael O'Connor, USF Consultants, on behalf of Columbus Community Hospital, to Rural Health Care Division, USAC (Mar. 4, 2019).

<sup>25</sup> See Administrator's Denial.

<sup>26</sup> See Appeal.

<sup>27</sup> See id.

<sup>28</sup> See id.

<sup>29</sup> See id.

<sup>&</sup>lt;sup>30</sup> 47 C.F.R. § 54.607(a). Although CCH did not argue that its rural rate complied with 47 C.F.R. § 54.607(b) ("the average of tariffed and other publicly available rates...charged for the same or similar services in that rural area over the same distance as the eligible service by *other carriers*" (Method 2) (Emphasis Added)), USAC reviewed the documentation to see if it could be considered compliant under that method. USAC found that the documentation provided by CCH did not comply with Method 2 because the tariff is from AT&T, the same company that owns the service provider selected by CCH, instead of "other carriers," as required by FCC rules.

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Argument 2 – The customer service record CCH submitted to USAC demonstrated that the rural rate charged for the requested service was publicly available.

Second, CCH argues that the customer service record it submitted with its FCC Form 466 and in response to USAC's information request demonstrated that the rural rate for the requested service was the publicly available rate identified in the AT&T tariff included in its response. 32 However, as explained above, the tariff was insufficient to demonstrate that the rural rate was calculated using Method 1, as CCH asserts. The fact that the requested service was priced at a publicly available tariff rate is immaterial, as CCH has not demonstrated that the rate complies with FCC rules governing rural rates in the Telecom Program. Therefore, USAC dismisses this argument.

#### Administrator's Decision on Appeal

Based on its review of the facts, USAC has determined that CCH has not demonstrated that the rural rate reported on the FCC Form 466 for its funding request complies with FCC rules governing rural rates in the Telecom Program.

As noted above, CCH indicated, on multiple occasions, that it utilized Method 1 to determine the rural rate provided on its FCC Form 466. However, the documentation provided with the funding request and in response to USAC's information requests does not support this assertion. Both the invoice and the customer service record were for services CCH received from AT&T and, therefore, did not demonstrate that the rural rate was the average of rates charged to "commercial customers, other than health care providers," as required to demonstrate compliance with Method 1.33 In addition, as explained above, the AT&T tariff did not demonstrate that the rural rate represented the "average of the rates actually being charged to commercial customers," as required to demonstrate compliance with Method 1.34 Therefore, USAC finds that the documentation provided was insufficient to support the rural rate for CCH's funding request. Without adequate support for the rural rate reported on CCH's FCC Form 466, USAC is unable to determine that CCH's funding request complies with FCC rules governing rural rates in the Telecom Program. Therefore, USAC denies the Appeal.

If you wish to appeal this decision to the FCC or request a waiver, you can follow the instructions pursuant to 47 C.F.R. Part 54, Subpart I (47 C.F.R. §§ 54.719 to 725). Further instructions for filing appeals or requesting waivers are available at:

http://www.usac.org/about/about/program-integrity/appeals.aspx.

Sincerely,

/s/Universal Service Administrative Company

34 Id (emphasis added).

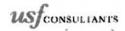
<sup>32</sup> See Appeal.

<sup>&</sup>lt;sup>33</sup> 47 C.F.R. § 54.607(a) (emphasis added).

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cc: Michael O'Connor, USF Consultants



Michael O'Connor <michael@usfnow.com>

## RHC Telecommunications Program - FCC Form 466 - Denial Notice - HCP # 13192

rhc-assist@usac.org <rhc-assist@usac.org>

Fri. Mar 29, 2019 at 12:10 PM

To: proberts@cch-inc.com, laurie@usfnow.com, jfish@cch-inc.com, michael@usfnow.com, maryann@usfnow.com, rwiegel@cch-inc.com, snowerock@att.com

Date:

29-Mar-2019

Program:

Telecommunications Program

Funding Year:

2018

Health Care Provider (HCP) Name:

HCP Number:

Columbus Community Hospital 13192

1839627

Funding Request Number (FRN): FCC Form 465 Application Number:

43179740

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program reviewed the FCC Form 466 (Funding Request and Certification Form) and supporting documentation submitted by the HCP referenced above. Based on the information provided, USAC is unable to provide support for the following reason(s):

1. On 1/23/19 USAC issued an information request to the HCP requesting an explanation of the method used to calculate the rural rate for the FRN referenced above, as well as documentation to support the calculation. In response to USAC's information request, the HCP provided a state service guide from the HCP's service provider. Although the HCP responded to USAC's information request, it did not provide a complete explanation of the method used to calculate the rural rate. Therefore, the documentation was insufficient to demonstrate that the rural rate was calculated in accordance with FCC rules, and USAC contacted the HCP again on 2/26/19 to request additional information and/or documentation to cure the issues or deficiencies identified. In response to USAC's notice, the HCP provided the same information and/or documentation it had previously provided in response to the original information request, which, as explained above, was deficient. In the absence of sufficient documentation to support the rural rate, USAC is unable to find that the HCP's funding request complies with FCC rules governing rural rates in the Telecom Program. Therefore, USAC denies the FRN.

Service Provider Name: Wisconsin Bell, Inc. Service Provider Identification Number (SPIN): 143001856

#### **Next Steps**

To appeal this decision, deliver a letter of appeal to USAC within 60 days of the date of this letter. Detailed instructions for filling appeals are available at: http://www.usac.org/about/about/program-integrity/appeals.aspx.

#### For More Information

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, contact the Rural Health Care Program Help Desk at (800)-453-1546 or by email at RHC-Assist@usac.org.

For more information about the Telecommunications Program application process, refer to the Telecom Program Getting Started web page at http://www.usac.org/rhc/telecommunications/process-overview/default.aspx/.

For more information about the FCC Form 466, visit the Telecommunications Program Forms web page at http://www.usac.org/rhc/ telecommunications/tools/forms/.

The HCP mailing contact, all account holders related to this circuit, the contact at the HCP's physical location have been copied on this email. In addition, a copy of this letter has been sent to the entity identified above as your selected telecommunications carrier.

Exhibit B

# Universal Service Administration Corporation Rural Health Care Division 2000 L Street NW Suite 200 Washington D.C. 20036

RHC Telecom Rural Rate Information Request FY 2018 HCP 13192 Columbus Community Hospital Funding Request Number 183 9627

## I. Introduction

The Universal Service Administration Corporation ("USAC:") communicated via an email on January 23rd 2019 requesting additional information. USAC is requesting information as they believe the rural rate may not be in compliance. The request did not follow the established method of communicating via the USAC Web Portal.

#### II. Information

Funding Request 183 9627 requested support for 11central office lines. The cost of each line when submitted based on documentation, invoice and customer service record, February 2018 was \$124 per the USOC Code 1MB. The \$124 represents the tariff rate. The service is provided at tariff rates. The services are available to all at tariff rates. I have attached the current 1MB rate from the AT&T Wisconsin Web site, the AT&T Wisconsin Rate effective February 2018(which I included in the funding request) and page 1 of the customer service record detailing the \$124 cost for a 1MB.

## III. Compliance with Rural Cost Guidelines

Method 1.(a) was used - average cost billed to commercial customers, tariff rate Yep, anybody can get this service at the tariff price by calling up AT&T. Just that simple.

Dated this 6th Day of February, 2019

Respectfully submitted,

By:

Michael O'Connor PO Box 23 Gladstone, MI 49837 (906)428 2608 Exhibit C

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## **BUSINESS SERVICES NETWORK ACCESS LINES**

#### A. RATES AND CHARGES

Description /Billing Code/	Rate Group	Monthly Price	
Business Access Line <sup>1,2</sup> /1MB/	ABC	\$124.00 (I)	
STS Business Access Line <sup>1,2</sup> /JR2/	ABC	124.00 (I)	
Business Trunk - Type I <sup>2</sup> /TMB/	ABC	124.00 (I)	
Business Trunk - Type II² /TWN/	ABC	124.00 (I)	
STS Business Trunk - Type I <sup>2</sup> /SM3/	ABC	124.00 (I)	
STS Business Trunk - Type II <sup>2</sup> /TWS/	ABC	124.00 (I)	

Effective: February 1, 2018

<sup>/1/</sup> As of February 19, 2009, the Technology for Educational Achievement in Wisconsin (TEACH), UW-System, and DPI BadgerLink universal service fund programs surcharge was removed from access lines rates.

<sup>/2/</sup> Loop start is standard on all Central Office lines and trunks (Type I and Type II). Ground start is optional.

Mike O'Connor

**USF** Consultants

906 4282 608

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Michael O'Connor <michael@usfnow.com>

To: RHC-Review <RHC-Review@usac.org>

Cc: "Fish, Jimmy" <JFish@cch-inc.com>, "snowerock@att.com" <snowerock@att.com>, "proberts@cch-inc.com" proberts@cch-inc.com

nc.com>

The method used as noted in my letter of February 6th response is METHOD 1. The rate being billed was the tariff rate as specified in the AT&T Wisconsin Guidebook Part 4 Exchange Access Services Section 2 Exchange Lines and Usage Business Services Network Access Lines (A) Rates and Charges

AS noted and increase on 2 1 2019 to \$165 was as noted on the customer service record \$124 on 2 12 2018. The tariff page for 2 1 2018 notes the price of \$124

3/1/2019

USF Consultants Incorporated Mail - RE: RHC Telcommunication Program Rural Rate REquest HCP 13192 1839627

Everyone pays the same under the tariff rate where ever they may be located in the service territory for all business entities.

The price is noted on publicly available web page via the Wisconsin Public Service Commission.

Mike O'Connor **USF** Consultants 906 420 8590 [Quoted text hidden]

Exhibit D

Fri. Mar 1, 2019 at 12:06 PM

# Universal Service Administration Corporation Rural Health Care Division 2000 L Street NW Suite 200 Washington D.C. 20036

## RHC Telecom Rural Rate Information Request FY 2018 HCP 13192 Columbus Community Hospital Funding Request Number 183 9627

## I. Reply to Method Request

We select Method 1 to confirm the rate is not excessive The purpose of the USAC request is based on the USAC belief the rate being charged by AT&T Wisconsin Bell is excessive and they have intentionally inflated the pricing in order to defraud the Rural Healthcare Program.

At this point I demand to know why the Funding Request Submitted by USF Consultants on behalf of Columbus Community Hospital has been flagged for this unusual if not harassing scrutiny.

#### II. Information

The request is for 11 Central Office Lines. The Provider is AT&T/ Wisconsin Bell.

The price charged is the tariff rate as provided by the AT&T Wisconsin Guidebook Part 4 Exchange Access Service Section 2 Exchange Lines and Usage (A) Rates Business Access Line/1MB/Measured Business. In our reply of 6 February 2019, we provided a the 1MB tariff and a copy of the Customer Service Record ("CSR") noting the lines are 1MB.

Services are available to all businesses in the service area at rates as specified in the tariff. The demand of the carrier, AT&T Wisconsin Bell, to provide example(s) [copies of invoices with redactions so as not to violate FCC privacy rules concerning accounts not affiliated or associated with the hospital] is excessive at the least. The request is more in tune with an abuse of administration power.

Our organization, USF Consultants, received 66 funding requests marked for Rural Rate Request review. Only requests using the comparison rate method [support is provided based on the difference between the rural rate and an urban rate for a similar service] were asked for pricing review. USAC has stated the desire, "healthcare providers should have skin in the game" and provide great latitude to the Healthcare Connect Program recipients which funds 65% of costs.

III. Compliance with Rural Cost Guidelines

Exhibit E

Filed tariffs available for review on line at the AT&T guidebook website.

As an option, why doesn't USAC pursue AT&T Wisconsin Bell under the concept of a conspiracy to defraud the USAC Program(s). Based on the request for the Rural Rate Information, there must be some underlying suspicion on the part of the USAC management and staff on this issue. Or is this a tactic aimed at those hospitals and consultants wishing to take advantage of the traditional telecommunication program for fair and appropriate support.

Dated this 4th Day of March, 2019

Respectfully submitted,

By:

Michael O'Connor PE USF Consultants 921 Delta Avenue PO Box 23 Gladstone, MI 49837 (906)420 8590